

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

00352

13

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town Parran, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John R. Berry

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Irene Berry

7. Birth date of

deceased (mo., day, yr.)

3/25/836. (c) If alive, give age 51 years

8. AGE:

Years

Months

Days

If less than one day

62

hrs.

min.

9. Birthplace

Parran, Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
MOTHER

12. Name

John R. Berry

13. Birthplace

Md.

14. Maiden name

Ruthen Baum

15. Birthplace

Md.

16. Informant

Irene Berry

Address

Parran, Md.

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof 1-27-86
(month) (day) (year)

Cemetery or crematory

Plum Point

Location

Calvert Co. Md.

18. Funeral director

P.E. Sewell

Address

Prince Frederick Md.

19.

1-26
(Date rec'd by registrar)

19.

86C. N. King

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Calvert.

City or town

Parran
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

218-14-2016

MEDICAL CERTIFICATION

20. DATE OF DEATH

1-24-1986 at 10:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 24 1986 to Jan 24 1986and that I last saw him alive on Jan 24 1986

Immediate cause of death

Cerebral hemorrhage

Due to

Hypertension E.V.D.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Dr. Villanueva

M. D. or other

Address Prince Fredrick Md. Date signed 1/26/86

RECEIVED

JAN 30 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

0035051

Reg. Dist. No.

1. PLACE OF DEATH:

County..... CalvertCity or town..... Huntingtown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?..... 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... md County..... CalvertCity or town..... Huntingtown
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)2.(a) If veteran, name war..... No

3. (a) FULL NAME

Flourence Elizabeth Bowen

3. (b) Social Security Number

720

4. Sex.....

F

5. Color or race

W

6.(a) Single, married, widowed or divorced

W6.(b) Name of husband or wife..... Benjamin Bowen

6.(c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

Mar. 30, 1869

8. AGE:

Years

Months

Days

If less than one day

76929

..... hrs.

..... min.

9. Birthplace..... Calvert Co., Md

(Town, county, and state)

10. Usual occupation..... House

11. Industry or business

12. Name..... Benjamin Williams13. Birthplace..... Md.14. Maiden name..... Margaret Spencer15. Birthplace..... Md.16. Informant..... William BowenAddress..... Huntingtown, Md17. Burial
(Burial, cremation, or removal. Which?)Date thereof..... Feb. 1, 1946
(month) (day) (year)Cemetery or crematory..... Wesley M.E.Location..... Prince Frederick, Md18. Funeral director..... A. B. Harkness & sonAddress..... Mutual, Md

(Date read by registrar)

194631

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Jan. 29, 1946, at 9:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 Jan 1946, to 29 Jan 1946and that I last saw him alive on 29 Jan 1946

Immediate cause of death

Coronary Thrombosis

DURATION

Due to..... arteriosclerosis

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Huntingtown, Md Date signed.....

RECEIVED
FEB 12 1946
BUREAU OF

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00353 12

1. PLACE OF DEATH

County Calvert Registration Dist. No. 51
 Village or City Prince Frederick No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Eva Elizabeth Commodore If U. S. Veteran, specify WAR _____
 (a) Residence: No. Port Republic (Calv.) St. _____ Ward _____
 (Usual place of abode) If nonresident give city or town and State _____

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------------|--|
| 3. SEX <u>F</u> | 4. COLOR OR RACE <u>Cal.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5e. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | |
| 6. DATE OF BIRTH (month, day, end year) <u>30 May 1933</u> | | |
| 7. AGE Years <u>12</u> | Months _____ | Days _____ If LESS than 1 day, _____ hrs. or _____ min. |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Student</u> | | 11. Total time (years) spent in this occupation _____ |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>school</u> | | |
| 10. Date deceased last worked at this occupation (month and year) _____ | | |

12. BIRTHPLACE (city or town) md
 (State or country)

13. NAME Shos. Commodore
 14. BIRTHPLACE (city or town) md
 (State or country)

15. MAIDEN NAME Hattie Commodore
 16. BIRTHPLACE (city or town) md
 (State or country)

17. INFORMANT Nettie Commodore
 (Address)

18. BURIAL, CREMATION, OR REMOVAL
 Place Brown Date 1-28, 1946

19. UNDERTAKER P. C. Sewell
 (Address) Prince Frederick md

20. FILED 1-29, 1946 L. N. King
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 25, 1946
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from
24 Jan, 1946, to 25 Jan, 1946

I last saw him alive on 25 Jan, 1946; death is said to have occurred on the date stated above, at 2 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Pneumonia; lobes Curd.
Duration 3 days

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Shos. Commodore M. D.(Address) Burlington Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i> | <i>1915</i> |
| <i>Chronic interstitial nephritis</i> | <i>1921</i> |
| <i>Cerebral hemorrhage</i> | <i>July 5, 1927</i> |

Other contributory causes of importance:

| | |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i> | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i> | <i>3 days ago</i> |

Other contributory causes of importance:

| | |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

00351 50

★ Reg. Dist. No.

1. PLACE OF DEATH: Calvert
County Calvert
City or town Oliver
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Calvert
City or town Oliver
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME Myrtle Estelle Dodson 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife George W. Dodson
7. Birth date of deceased (mo., day, yr.) August 23-1893 8. (c) If alive, give age 57 years
8. AGE: Years 52 Months 4 Days 1 It less than one day
hrs. min.

9. Birthplace Calvert County - Maryland
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
12. Name Benjamin Thomas
13. Birthplace Maryland
14. Maiden name Unknown
15. Birthplace

16. Informant George Willis Dodson
Address Oliver - Maryland
17. Burial Date thereof Jan. 27-46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Oliver, M.E.
Location Oliver, Maryland
18. Funeral director A. A. Harkness, Son
Address Mutual, Maryland
19. 1/25 19 46 E. S. Coster
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24, 1946 at 9:45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 18 19 46 to Jan 24 19 46
and that I last saw her alive on 1/24 19 46
Immediate cause of death Acute myocarditis
Due to Influenza
Due to
Other conditions
(Include pregnancy within 8 months of death)

DURATION
1 week
2 wks

Major findings of operations Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE E. S. Coster - M.D.
Solomono, Ind M. D. or other
Address Date signed 1/25/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MISSISSIPPI STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
JAN 31 1946
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 306

CERTIFICATE OF DEATH

00354

11

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Cabaret
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 wk.
 Hospital, institution, or street address where death occurred:
Cabaret County Hospital
 How long in hospital or institution? 1 wk.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Cabaret
 City or town Broom's Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Jessie Eugene Elliott

3. (b) Social Security Number

?

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M
 6.(b) Name of husband or wife Lillian Elliott
 7. Birth date of deceased (mo., day, yr.) May 20, 1880
 8. AGE: Years 65 Months 7 Days 18 If less than one day _____ hrs. _____ min.
 6.(c) If alive, give age. ? years

9. Birthplace Cabaret County, Md
 (Town, county, and state)
 10. Usual occupation Waterman
 11. Industry or business _____

FATHER 12. Name John H. Elliott
 13. Birthplace Md
 MOTHER 14. Maiden name Sallie Hammett
 15. Birthplace Md

16. Informant Leonard Elliott
 Address Broom's Island
 17. Burial Date thereof Jan. 10, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Broom's Island
 Location Broom's Island, Md
 18. Funeral director A. A. Warkness & Son
 Address Mt. Airy, Md.

19. 1-9 19 46 J. M. King
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 19 46 at 1:50 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec 28 19 45 to Jan 8 19 46
 and that I last saw him alive on Jan 8 19 46
 Immediate cause of death _____
Meiosis -
 Due to Acute nephritis
 Due to Diabetic bladder
 Other conditions - Hepatitis
Diphtheria
 (Include pregnancy within 3 months of death)

DURATION

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE R. de Villenue M.D.
Prince Frederick Md M. D. or other _____
 Address _____ Date signed 1/8/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 11 1946

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 41

CERTIFICATE OF DEATH

00355 9

Reg. Dist. No. 51

1. PLACE OF DEATH:

County... Cabot
City or town... Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 23 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... MD County... Cabot
City or town... Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war yes

3. (a) FULL NAME

A. Byrd Gibson

3. (b) Social Security Number

No

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Louis R. Gibson
6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) May 26, 1890

8. AGE: Years 55 Months 7 Days 6 If less than one day
..... hrs. min.

9. Birthplace Cabot Co., MD
(Town, county, and state)

10. Usual occupation Auto. Dealer

11. Industry or business

12. Name Joseph R. Gibson

13. Birthplace Maryland

14. Maiden name Annie M. Sheekels

15. Birthplace Maryland

16. Informant Mrs. Byrd Gibson

Address Prince Frederick, MD

17. Burial Date thereof Jan 4, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Miranda

Location Huntingtown, MD

18. Funeral director A. O. Harkness & Son

Address Mutual, MD

19. 1-4 19 46 L. N. King
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2, 1946 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1944 to Jan 2, 1946
and that I last saw him alive on Dec 28, 1945

Immediate cause of death

General Anasarca
Chronic Cirrhosis of Liver

Due to Myocardial Infarction

Due to

Other conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Page Jett M. D. or other

Address Prince Frederick Date signed 1/4/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 7 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

00356

Reg. Dist. No. 52

1. PLACE OF DEATH: Calvert
 County Prince Frederick
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State md County Calvert
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME
Allen Clyde Greene

3. (b) Social Security Number

4. Sex m. 5. Color or race W 6.(a) Single, married, widowed, or divorced
 6.(b) Name of husband or wife
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) February Jan 6 1945
 8. AGE: Years Months Days If less than one day
1 10 28 hrs. min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name George W. Greene13. Birthplace Leck14. Maiden name Elsie King15. Birthplace md.16. Informant George W. GreeneAddress Prince Frederick md17. Burial Date thereof Jan 6 46
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory mt harmony cem.Location W. H. Hutchins18. Funeral director W. H. HutchinsAddress Owings, md19. Jan 5 19 46 George W. Hutchins
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 Jan 19 46 at 5 30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4 Jan 19 46 to 4 Jan 19 46
 and that I last saw him alive on Dec 30 1945

Immediate cause of death Pneumonia bronchial. DURATION 2 weeks

Due to Cough

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George W. Hutchins M. D. or otherAddress W. H. Hutchins Date signed 4 Jan 46

RECEIVED

1946-10-10

BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

52

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name War

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

46

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 1

19

46

at

1

30

P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 24

19

45

to

Jan 1

19

46

and that I last saw him alive on

Jan

1

19

46

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED
JAN 10 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH
of deceased is shown on

2411 N. Charles St., Baltimore (12)

FILM No. I O 4 MAY 14 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: Calvert Hospital
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....md. County.....Calvert.
City or town.....Paris md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2(a) If veteran, name war.....

3. (a) FULL NAME

Roy Hunter

3. (b) Social Security Number

4. Sex M. 5. Color or race C. 6. (a) Single, married, widowed, or divorced X
8. (b) Name of husband or wife.....Gertrude Hunter
7. Birth date of deceased (mo., day, yr.) June 26, 1998 6. (c) If alive, give age 48 years
8. AGE: Years 48 Months 47 Days 47 If less than one day 47 hrs. 47 min.

9. Birthplace.....Chicago, Ill.
(Town, county, and state)
10. Usual occupation.....Cheerleader

11. Industry or business

12. Name.....Roy Hunter
13. Birthplace.....Chicago, Ill.
14. Maiden name.....Irene Bricks
15. Birthplace.....Chicago, Ill.

16. Informant.....Gertrude Hunter
Address.....Paris, Md.

17. Burial Date thereof.....1, 6, 46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory.....Int Rose
Location.....Calvert, Md.

18. Funeral director.....P.E. Sewell
Address.....Prince Frederick, Md.

19. May 5 1946 N.W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....4 Jan 1946 at 8 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 Jan 1946 to 4 Jan 1946 and that I last saw him alive on 3 Jan 1946

Immediate cause of death.....Pneumonia

Due to.....Ruptured appendix

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?

23. SIGNATURE.....W. W. Ward M. D. or other
Address.....Huntingtown Md Date signed.....4 Jan 46

This certificate was filed by V. Jarnis

RECEIVED
MAY 8 1946
BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 123

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:

County CalvertCity or town Stevens
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County CalvertCity or town Oliver
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Harrison Kent

3. (b) Social Security Number

219-01-7853

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Daisy Kent7. Birth date of
deceased (mo., day, yr.)6. (c) If alive, give age 50 years1896

8. AGE:

Years

Months

Days

If less than one day

50

hrs. min.

9. Birthplace

Md

(Town, county, and state)

10. Usual occupation

Caulker

11. Industry or business

MOTHER

12. Name

George Kent

13. Birthplace

Md

14. Maiden name

Annie Lyles

15. Birthplace

Md

16. Informant

Daisy Kent

Address

Oliver, Md.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

1-13-46
(month) (day) (year)

Cemetery or crematory

Eastern Chapel

Location

Oliver, Md.

18. Funeral director

P. G. Sewell

Address

Prince Frederick, Md.19. Jan 13

(Date rec'd by registrar)

19 46W. H. Finkbe

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10 1946 at 4:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946, to 1946

and that I last saw him alive on

1946

Immediate cause of death

Heart

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 1/10/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

RECEIVED

RECEIVED
JAN 17 1946
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00330.

| | | | | | |
|--|--|--|--|--|--|
| 1. PLACE OF DEATH: County..... <u>Calvert</u> City or town..... <u>Solomons, Md</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: How long in hospital or institution?..... | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>ME</u> County..... <u>Calvert</u> City or town..... <u>Olivet</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war..... | | |
| 3.(a) FULL NAME <u>Oscar Martin</u> | | | 3.(b) Social Security Number <u>217-16-5683</u> | | |
| MEDICAL CERTIFICATION | | | | | |
| 4. Sex <u>male</u> | | | 5. Color or race <u>Col</u> | | |
| 6.(a) Single, married, widowed, or divorced <u>Married</u> | | | 20. DATE OF DEATH <u>1-10</u> 19 <u>46</u> , at..... M | | |
| 6.(b) Name of husband or wife <u>Helen Martin</u> | | | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19....., to..... 19..... and that I last saw h..... alive on..... 19..... Immediate cause of death..... <u>Drowning</u> Due to..... Due to..... Other conditions..... (Include pregnancy within 8 months of death) | | |
| 7. Birth date of deceased (mo., day, yr.) <u>1897</u> | | | 6.(c) If alive, give age <u>42</u> years | | |
| 8. AGE: Years..... <u>48</u> Months..... Days..... If less than one day..... hrs. min. | | | DURATION | | |
| 9. Birthplace <u>Maryland</u> (Town, county, and state) | | | | | |
| 10. Usual occupation <u>Fisherman</u> | | | | | |
| 11. Industry or business | | | | | |
| MOTHER | | | | | |
| 12. Name <u>Augusta Martin</u> | | | | | |
| 13. Birthplace <u>Maryland</u> | | | | | |
| 14. Maiden name <u>Annie Gross</u> | | | | | |
| 15. Birthplace <u>Maryland</u> | | | | | |
| 16. Informant <u>Helen Martin</u> Address..... <u>Olivet, Md.</u> | | | | | |
| 17. Burial (Burial, cremation, or removal. Which?) Date thereof..... <u>1-18-46</u> (month) (day) (year) Cemetery or crematory..... <u>Eastern Chapel</u> Location..... <u>Olivet, Md.</u> | | | | | |
| 18. Funeral director <u>P. E. Seneel</u> Address..... <u>Prince Frederick, Md</u> | | | | | |
| 19. Jan 19 1946 (Date rec'd by registrar) | | | | | |
| 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... <u>Accident</u> Date of..... Where did injury occur?..... <u>Solomons, Calvert, Md</u> (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... <u>at work</u> Means of injury..... Injured at work?..... | | | | | |
| 23. SIGNATURE <u>H. J. ...</u> (Medical examiner, M. D. or other) Address..... <u>Olvet, Md</u> Date signed..... <u>1-17-46</u> | | | | | |

Registrar

RECEIVED
JAN 23 1946
BUREAU U.S.

RECEIVED
JAN 23 1946
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 443510

1. PLACE OF DEATH:

County CalvertCity or town Bessey
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Bessey
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Elizabeth Ellen McCreedy

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

John J. McCreedy

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Jan. 24 - 1870

8. AGE:

Years

Months

Days

If less than one day

751128

hrs.

min.

9. Birthplace

Bessey, Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Buckley

13. Birthplace

Maryland

MOTHER

14. Maiden name

McCreedy

15. Birthplace

Maryland

18. Informant

John E. McCreedy

Address

Bessey, Maryland

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Jan. 25 - 46
(month) (day) (year)

Cemetery or crematory

St. Paul - M. E.

Location

Bessey, Maryland

18. Funeral director

A. A. Harbue

Address

Metairie - Md

19.

Jan. 24 - 46
(Date rec'd by registrar)A. E. S. Coster

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 - 1946 at 9 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan - 18 46 to Jan 22 - 1946 and that I last saw him/her alive on 1/22/46 19____

Immediate cause of death

Broncho-pneumonia

Due to

Influenza

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

A. E. S. Coster

M. D. or other

Address Solomons, Md Date signed 1/24/46

RECEIVED

JAN 31 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

00361

Reg. Dist. No. 52

1. PLACE OF DEATH:

County CalvertCity or town Friendship
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert County Hospital

How long in hospital or institution?

3. (a) FULL NAME

4. Sex Male5. Color or race white6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Josephine Ringer7. Birth date of deceased (mo., day, yr.) 6 October 18968. AGE: Years 70 Months 2 Days 6 If less than one day
hrs. min.9. Birthplace Pittsburg, Pennsylvania
(Town, county, and state)

10. Usual occupation

11. Industry or business Retired minister12. Name Joseph J. Ringer13. Birthplace Pennsylvania14. Maiden name Sarah Noll15. Birthplace Pennsylvania

16. Informant

Address

17. Burial Date thereof Jan 9 46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Bridgewater, Virginia18. Funeral director W. H. HutchinsAddress Owings, Maryland19. Jan 8 19 46 W. H. Hutchins
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Anne ArundelCity or town Friendship
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 19 46, at 4 2 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 20 19 45, to Jan 6 19 46
and that I last saw him alive on Jan 5 19 46Immediate cause of death acute cardiac failureDue to chronic myocarditis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Page JettAddress Friendship Date signed 1/16/46
M. D. or other

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RECEIVED
MAR 12 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1360

CERTIFICATE OF DEATH

00362

14

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Cabot
 City or town Prince Frederick, Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cabot Co. Hospital

How long in hospital or institution?

1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Cabot

City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2(a) If veteran, name war no

3. (a) FULL NAME

Ernest A. Stinnett

3. (b) Social Security Number

no

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Elba M. Stinnett

7. Birth date of

deceased (mo., day, yr.)

July 28, 1878

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

67526

_____ hrs.

_____ min.

9. Birthplace

Cabot Co. Md

(Town, county, and state)

10. Usual occupation

Farmed

11. Industry or business

FATHER
MOTHER

12. Name

Frank Stinnett

13. Birthplace

Md

14. Maiden name

?

15. Birthplace

Md

16. Informant

Chester Stinnett

Address

Prince Frederick, Md17. Burial
(Burial, cremation, or removal. Which?)

Date thereof

Jan 28, 1946
(month) (day) (year)

Cemetery or crematory

Wesley

Location

Prince Frederick, Md

19. Funeral director

A. A. Harkness & Son

Address

Mutual, Md.19. 1-28
(Date rec'd by registrar)19. 46J. N. King

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 23 Jan 1946 at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

22 Dec 1945 to 23 Jan 1946and that I last saw him alive on 23 Jan 1946

Immediate cause of death

DURATION

Hypertensive Cardio-vascular
renal disease.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE [Signature]

M. D. or other

Address Prince Frederick, Md Date signed _____

RECEIVED

JAN 30 1946

BUREAU V.S.